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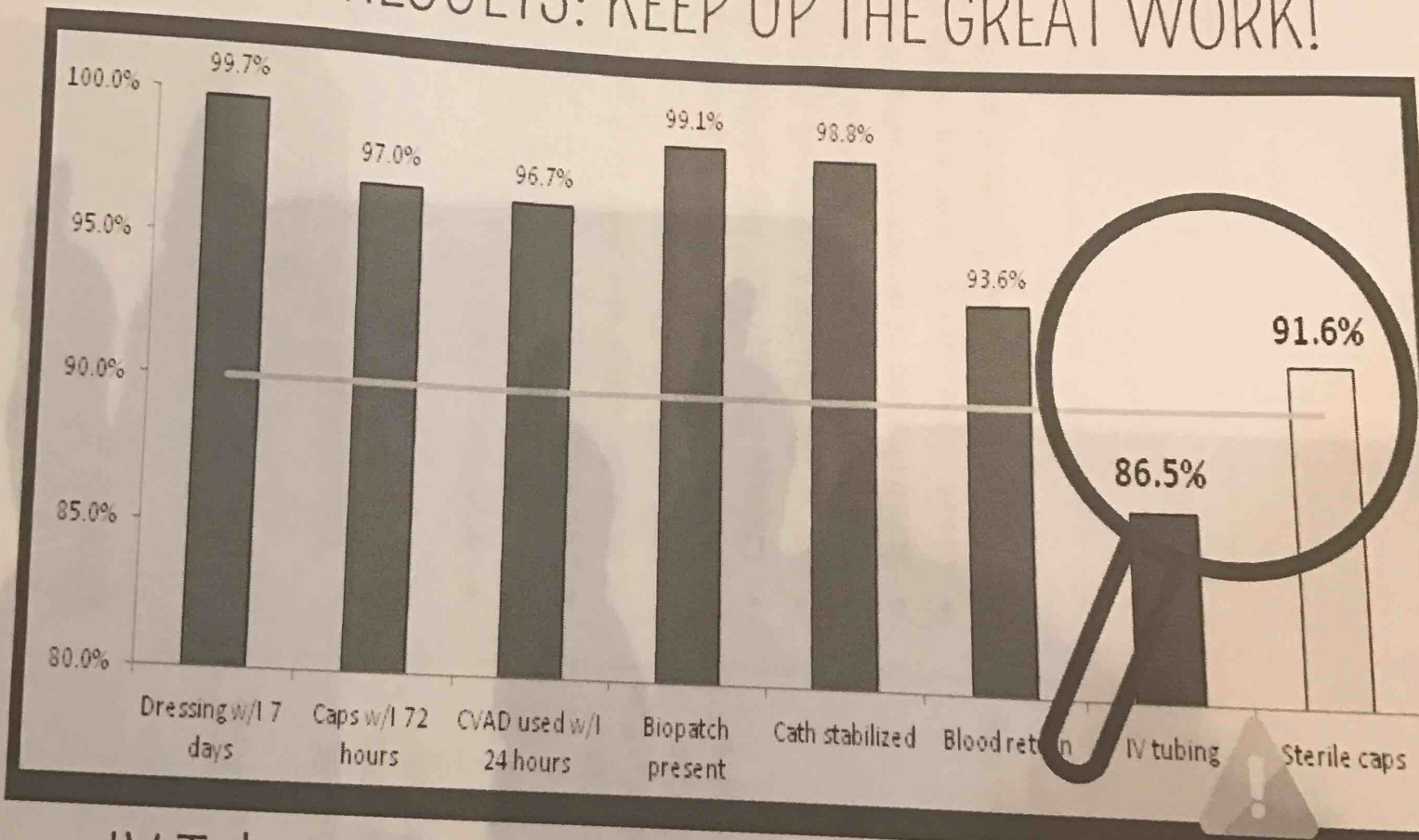
iCARE CLABSI

UPDATE



On the Road to Zero

AUDIT RESULTS: KEEP UP THE GREAT WORK!



IV Tubing: Label, date & initial ALL IV tubing (even TPN!)

IV SET CHANGE
START DATE _____ NR _____
DISCARD DATE _____ NR _____
R.N. INITIAL _____

CAUTION!

OPPORTUNITIES

AHEAD

Sterile Red End Caps: On ALL IV tubing that is not in use!



Blood Culture Collection

Why?

- There were 5 CLABSIs at Mercy in May & June 2016.
- In ALL 5 cases, all positive BC were drawn from the central line, and negative BC drawn peripherally.
- In 4/5 cases, only peripheral BC were ordered.
- It can be clinically difficult to distinguish between colonization and infection if the CVC BC is positive and the peripheral is negative. Either way, it is counted as a CLABSI.
- Incorrect blood culture collection could lead to consequences such as; unwarranted antibiotic use, line removal, and c. diff infection.

How (Method)

Blood Cultures from a Central Line:

MUST have SUSPICION OF LINE SEPSIS and MUST have a provider order

- MUST be a suspicion of line sepsis
- MUST have a provider order to draw from the central line
- If changing sites from peripheral to central line draw; MUST have a provider order and MUST write a nursing note indicating why the change was made
- Wash hands as indicated & **immediately** before obtaining blood cultures
- **Change the cap to a new sterile cap prior to obtaining BC**
- **Scrub the hub for 15 seconds and allow to dry**
- Remove the tops from the blood culture bottles
- Scrub the top of the blood culture bottles with alcohol for 15 seconds
- Leave the alcohol pads on top of the bottles
- Draw aerobic (blue) before anaerobic (red)

CLABSI Prevention

- *Label ALL tubing with date, time & initials
- *Document ALL tubing & cap changes
- *Properly identify & document central line lumens
- *Blood cultures from central lines: ONLY with suspicion of line sepsis + provider order
- *"Backflush" secondary tubing instead of connecting a new set

Tubing changes officially start 10/31!

Reference Lippincott for details

IV Tubing Change

Intermittent

ex: IV antibiotics, electrolyte replacements

24

Change IV tubing of intermittent infusions every 24 hours

vs.

Limit interruptions to ANY line:

The more you disconnect, the higher the risk of infection

Continuous

ex: continuous fluids (NSS @ 150/hr), medicated infusions/PCA, KVO

96

Change IV tubing of continuous infusions every 96 hours



*Medicated infusion BAGS changed every 24 hours (heparin, PCA)

*Flush BAGS changed every 24 hours

*Blood/TPN/Lipids tubing changed with every bag

*Propofol tubing is changed every 12 hours



CUROS Caps

- *Use for patients with CENTRAL LINES
- *Place on needleless injection caps of central lines (not dialysis catheters)
- *Place on all y-sites of IV tubing
 - *Single use only
 - *Disinfects in one minute
- *Strip kept on IV pole and discarded @ discharge



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